Assisted Living Advisory Workgroup Meeting
Tuesday, May 27, 2003
Office of Health Care Quality
Bland Bryant Building
Administration Conference Room
55 Wade Avenue
Catonsville, Maryland

Meeting Agenda

Finalized Agenda

I. Call to Order

II. Review of the Purpose of the Workgroup
The purpose of this Workgroup is to provide advice to the Department on assisted living issues regarding the definition of assisted living; standards, including special needs, and accountability.

IV. The Department's Responsibility
The Department, as prescribed in the uncodified language of House Bill 824/Senate Bill 553 – "Assisted Living Facilities – Certification – Third Party Accreditation Programs", will prepare and submit a report to the Senate Finance Committee and the House Health and Government Operations Committee by January 1, 2004, that includes recommendations relating to (1) small and large providers of assisted living facilities; (2) the certification of assisted living facility managers; and, (3) quality standards for specialized assisted living facilities, including facilities with Alzheimer's unit.

V. Organizational Matters

- Tentative Meeting Schedule (Bring Schedules to Meeting)
- Review and Discussion of Draft Work Plan
- Review and Comment on Brainstorming Document

VI. Discussion One: Small and Large Providers of Assisted Living Services

VII. Next Steps

Adjourn

Meeting Notes

In Attendance

- Carol Benner, Chair
- Lissa Abrams
- Dorinda Adams
- Valarie Colmore
- Bonnie Gatton
- Laura Howell
- Ron Jeanneault
- Karin Lakin
- Sharon Olhaver
- Jeff Pepper
- Ilene Rosenthal
- Jill Spector
- JoAnne Stough

Advisory Workgroup Members Absent

- Marie Ikrath
- Susan Quast
- Jim Rowe

Interested Parties

- Denise Adams, Department of Aging
- Carol Butler, Caroline County Health Department
- Beverly Dolby, Upper Shore Aging
- Adam Kane, Mid-Atlantic Life Span
- Shelia Mackertich, Health Facilities Association of Maryland
- Barbara Newman, Maryland Board of Nursing
- David Wagner, Office of the Attorney General

Staff Present

- Yvette Dixon, Special Assistant
- William Dorrill, Deputy Director for State Programs
- Kimberly Mayer, Policy Analyst
- Valerie Richardson, Licensing Unit Supervisor

I. Call to Order

Carol Benner, Director of the Office of Health Care Quality, called the first meeting of the Assisted Living Advisory Workgroup to order at approximately 12:00 noon. Ms. Benner noted that this is a very timely review of the assisted living program, nationally two reports have been presented to the U.S. Senate's Special Committee on Aging regarding policy recommendations for assisted living and many states are beginning to revisit their programs. The Department is keenly aware of the need to balance the regulatory structure for both small and large providers, but the need to strengthen standards to ensure quality of care is necessary. There are serious quality issues across the broad spectrum of assisted living providers. While Maryland is doing much better since the implementation of assisted living program, there is still much more that needs to be accomplished. The Department recognizes that the review process will most likely not solve all of the systemic issues, but will take the assisted living program to the next level.

II. Review of the Agenda

The Advisory Workgroup reviewed and approved the meeting agenda.

III. Review of the Purpose of the Advisory Workgroup

The purpose statement of the Advisory Workgroup was reviewed and it is as follows: Workgroup is to provide advice to the Department on assisted living issues regarding the definition of assisted living; standards, including special needs, and accountability.

III. The Department's Responsibility

The Department's responsibilities for the assisted living program review are prescribed in the uncodified language of House Bill 824/Senate Bill 553 – "Assisted Living Facilities – Certification – Third Party Accreditation Programs". Specifically, the Department is required to prepare and submit a report to the Senate Finance Committee and the House Health and Government Operations Committee by January 1, 2004, that includes recommendations relating to (1) small and large providers of assisted living facilities; (2) the certification of assisted living facility managers; and, (3) quality standards for specialized assisted living facilities, including facilities with Alzheimer's unit.

IV. Organizational Matters

A. Tentative Meeting Schedule – The Advisory Workgroup selected Monday, June 9, 2003; Tuesday, June 24, 2003; Wednesday, July 9, 2003; and Tuesday, July 22, 2003, as future meeting dates. These meetings will be held in the Key Café (Employees' Cafeteria) located on the campus of Spring Grove Hospital Center

B. Review and Discussion of Draft Work Plan – The Advisory Workgroup reviewed the draft work plan prepared by staff. The plan is ambitious and will

serve as a guide map for the assisted living review process. The plan will be updated and revised throughout the review process.

V. Discussion: Review of the Brainstorming Document

The Advisory Workgroup used the Brainstorming document to define areas or subcategories of issues that need to be considered in the review process. The members of Advisory Workgroup were reminded that this was a brainstorming exercise and all ideas should be brought forward for consideration. The first brainstorming discussion resulted in the following groups of issues that may be discussed:

Bucket One:

- Level of care may not exceed Level 2. There are individuals who have high acuity and are in Level 2. Level 2 assessment has a very wide range. The medical assessment may need to be weighted more.

- Should there be more than three levels of care?

- Review assessment tool and scoring guidelines.

- No level three "care waivers" to be permitted.

- Must have a written agreement with a licensed assisted living program that can serve Level 3 or with a nursing home.

- Pharmacist may perform medication regime assessments provided that there is a collaborative agreement with a physician.

- Verification of care level from the core service agency, the medical day program, or the individual's physician that is updated annually. It is important to remember CSAs do not have funding for this activity.

- Where appropriate, consult with the core service agency on development of an appropriate service plan.

- The on-site medication assessment required under .21F can be done every six-months rather than every three-months.

- Individuals with mental illness may need different assessment and services.

- The delegating nurse on-site visit would be lengthened to 60-days if the resident was enrolled in a day program and received case management services.

Bucket Two:

- There are a variety of homes that serve populations with mental health diagnoses; others serve a mixture of populations.

- Some residents only requirement medication oversight.

- Psychiatrist evaluation (continued appropriateness of community placement, unmet needs, additional supports, etc.) documented and updated every six-months in lieu of delegating nurse visit.

- Mental illness is documented as the primary diagnosis.

- The individual has no other significant medical condition that would warrant Level 2 or higher.

- Pharmacist may conduct a review of medication regime and interactions every six months for each resident provided that there is a collaborative agreement with a physician in lieu of a delegating nurse on-site visit.

- Documentation from the core service agency that the individual's service plan is appropriate.

- The core service agency conducts periodic on-site visits.

- No license required for Level 1 care if home is coordinating mental health services thru an approved mental health provider and/or CSA. Different standards for Level 1. MHA needs something.

- Supply a delegating nurse thru local health department to homes of six or fewer beds. There is a cost associated with this.

- Fire code – "single family dwelling concept" for up to nine beds.

Bucket Three:

- Redefine regulated assisted living – waiver, level three, greater than a certain number of beds.

- Voluntary licensure for Level 1.

- Certify small unlicensed homes – someone has to look at them at least once a year; maybe ombudsman.

- Put time period on licensure.

- Challenge to come up with categories of licensure.

- Fewer services, less protections – need some oversight.
- Could be taking away protections for poor people
- Different categories of licensure – waiver, non-waiver, elderly, mental health, dementia, etc.
- Do we have to call them waiver…
- Providers who can not meet standards may need to take a class; however, costs and regional differences may be burdensome.
- Why are people Assisted Living providers…is it there mission? Need to have flexibility
- Remove level one licensure and implement registries for homes that have one to two residents and level of care is restricted to level one. Is this a or; or and?
- Sanctions, complaint investigations, and authority to close or relocate residents would be needed for registered homes.
- County licensure -- decentralize OHCQ operations need to look at who does what. Streamline, minimize duplication. Delegate more out. Formalize process to work through local concerns.
- Model with Project Home… Monthly meetings …look at current collaborations.
- Physician documentation needed to support decision that care level does not exceed Level 1. There are costs associated with this.
- Class B License Concept:
    - Home cannot participate in Medicaid waiver program.
    - No more than 5 individuals in home.
    - Level of care 1—documented by physician or RN (Concern: What happens to aging/changing in place.)
    - Primary diagnosis of mental illness; don't restrict to mental illness.
    - How does cognitive impairment.
    - Young people with mental illness – advanced HIV, MR, alcohol and drug abuse – small home care settings.

- Relationship to medical day via contract—periodic assessment and sharing of information. Medical day assessments eliminate need for home to perform them; difficult to have relationship with day care (resident or provider)…Costs associated

- Separate out elderly homes.

- Several hundred homes including Project Home.

- Project Home has case management.

- Obligation of medical day to report suspected neglect or abuse to APS and OHCQ;

- Who monitors what?

- Too many populations – Disabled, SSI, SSDI

- Set up by source of income – is this creating two standards of care.

- Maybe all little homes should go under PH.

- PH mostly Level 2.

- Written agreement with CSA regarding oversight. Sharing of their on-site reports with OHCQ.

- Can use pharmacist for review of medication administration; on-site review versus at the pharmacy.

- Brown bag of meds.

- Anyone at Level 2 or higher—transfer to Class A home; and,

- Inspections by OHCQ—periodic as determined by OHCQ.

- Implement a screening tool to determine those unlicensed homes that can come into compliance and those that cannot.

Bucket Four:

- Require awake overnight staff. Medication. Limit to certain size, level of acuity, type of program.

- Require a round the clock nurse.

- Increase training for dementia,

- Look at training in general—time versus content.

- Tie small homes to local health departments. Fund RN position(s) under local health officer to take on delegated nursing tasks in homes of six beds or fewer. However, if home is in the Medicaid waiver, the local health department would no longer provide the service. There is a cost with providing RN at local health departments.

- For smaller homes that send residents to adult or adult medical day programs each day, recognize that the nursing assessments required under assisted living are being completed at the day program. Maybe require formal contractual linkage between the two entities for the sharing of information, etc.

- Seek legislation that would modify the Social Work Practice Act by making it a violation for any licensed social worker to knowingly place someone in an unlicensed assisted living home. May be put the erroneous it on the hospital (the entity).

    - Are there already laws in place? What if people want to go? Case managers place people…

    - People being discharged to inappropriate settings.

    - Need education.

- Seek licensure of private placement agencies that coordinate placement of individuals into unapproved assisted living homes. The emergence of placement brokers (private social service agencies) is a concern.

- Require certification of program managers of facilities with 16 or more beds under the Board of Nursing Home Administrators.

    - Placement needs to be more specific to assisted living.

    - Some states require that in homes more than four beds must be nursing home administrator.

    - Keep certification separate from the Board of Nursing Home Administrators.

    - Make certification of manager part of re-licensing.

    - Need to determine if certification is necessary before where determining where to place it.

- Could certification be a requirement of the funding agency; however, there isn't always a funding agency.

- Some residents go in for a period of time…. Rehab/respite/younger people.

VI. Next Steps

The next steps that were identified by the Advisory Workgroup are as follows:

- A presentation by the Johns Hopkins University's Division of Geriatric and Neuropsychiatry regarding the recently completed Maryland Assisted Living Study should be scheduled for the next Advisory Workgroup meeting;
- The member and interested party rosters should be completed by the Advisory Workgroup's next meeting; and,
- The brainstorming document will be re-categorized for the next Advisory Workgroup meeting.

VII. Materials Distributed

The following materials were distributed at the meeting:

- *Policy Principles for Assisted Living* – April 2003 report of the Association of Health Facility Survey Agencies, the Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, and the National Senior Citizens Law Center.

- Assisted Living Definitions by State – Extracted from the National Academy for State Health Policy's (NASHP) *State of Assisted Living Policy: 2002* by Robert Mollica, Senior Program Director of the NASHP.

- Testimony of Robert Mollica, Senior Program Director of the NASHP, Stephen McConnel, Vice President for Advocacy and Public Policy, Alzheimer's Association, and Dan Madensen, President and Chief Executive Officer, Leisure Care, Inc. before the U.S. Senate Special Committee on Aging.

- Charts extracted from the National Academy for State Health Policy's (NASHP) *State of Assisted Living Policy: 2002* by Robert Mollica, Senior Program Director of the NASHP that delineated by state: (1) Requirements for facilities serving residents with Alzheimer's disease; (2)

Requirements for staff training; (3) Supply, (3) Characteristics, and (4) Philosophy and Indicators.

- Brainstorming Document.

- Code of Maryland Regulations 10.07.14 – Assisted Living Programs.

VII. Adjourn

There being no further business before the Assisted Living Advisory Workgroup, the meeting was adjourned at approximately 1:45 PM.

Minutes Prepared by: Kimberly Mayer